

IV MEDICAL HISTORY OF MISSING PERSON

A) Physical Characteristics

1. Weight	exact:	or	approximate:
2. Height	exact:	or	approximate:
3. Constitution	delicate	average	strong
4. The person is	right-handed	left-handed	ambidextrous
5. Blood group:	A	B	AB O unknown
6. Skin characteristics: (very dark, freckled...)			
7. Hair:			
a) Colour:	blond;	brown;	black; red; grey; unknown
b) Type:	wavy;	curly;	straight; unknown
c) Length:	long;	medium;	short; bald; unknown
d) Type of baldness:	partly bald	bald	unknown
Specific details of baldness:			
e) Grey hair:	yes	no	greying
8. Spectacles:	yes	no	occasionally unknown
a) Optical characteristics (prescription, long-sighted, short-sighted)			
b) Shape and colour of frames:			
9. Contact lenses:	yes	no	unknown
a) Optical characteristics (prescription, long-sighted, short-sighted)			
b) Type (soft, hard):			
10. If the person sought is female:			
a) Pregnancy at time of abduction / capture:	yes	no	unknown
b) Births:	yes	no	unknown how many:
c) Caesarean section:	yes	no	unknown how many:

d) Miscarriages: yes no unknown how many:

c) /as printed/ IUD /inter-uterine device/ yes no unknown

11. Particularly hirsute:

a) Chest: yes no unknown

b) Back: yes no unknown

c) Other:

12. Beard: yes no unknown

a) Colour: blond; red; brown; black; grey; unknown

b) Length: long; medium; short; unknown

Describe:

13. Moustache: yes no unknown

a) Colour: blond; red; brown; black; grey; unknown

b) Length: long; medium; short; unknown

Describe:

14. Describe birthmarks and other skin characteristics (scars; moles, tattoos and other important characteristics, including size and location on the body)

B) Habits etc.

1. Did the person smoke: yes no unknown

a) How often: constantly; occasionally; stopped years ago

b) How long has the person smoked: <5 years <10 years >*10 years >20 years
* as printed

c) Packs per day: <1 pack 1 pack 2 packs >2 packs

2. Was the person a heavy drinker: yes no unknown

3. Clothing in which the person sought was last seen (size, length, colour, type of material, type of fastening and buttons, neckline, type of collar...)

a) Footwear

b) <i>Trousers</i>
c) <i>Shirt, blouse</i>
d) <i>Sweater</i>
e) <i>Underwear, socks</i>
f) <i>Jacket</i>
g) <i>Raincoat, overcoat, cape/cloak</i>
h) <i>Hat, scarf, gloves</i>
i) <i>Braces, belt</i>
j) <i>Special markings on clothing</i>
4. Did the person have any kind of jewellery (watch, ring, rosary, chain, bracelet, earrings, brooch) at the time of abduction / disappearance / capture: yes no unknown
Description of jewellery:
Drawing of jewellery:
5. Did the person sought have any kind of item (keys, wallet, matches, lighter) at the time of abduction / disappearance yes no unknown
What:

C) Illnesses that have caused physical changes

1. Has the person sought ever been treated in a healthcare institution: yes no unknown
a) When and for how long:
b) Where:
c) Reason for treatment:
2. Deformities: yes no unknown
a) Hereditary (flat feet, bandy legs, knock knees, skeletal deformity, bent nose – to

which side)

b) *Acquired (including trauma defects for example improperly healed fractures and metabolic defects, for example rickets):*

c) *Deformation of the head and skull:*

3. *Fractures:* *yes* *no* *unknown*

a) *When:*

b) *Circumstances:*

c) *Area:*

e) *Medical treatment:* *yes* *no* *unknown*

4. *Chronic illnesses which require long-term treatment (neurological and rheumatic illnesses, high blood pressure, heart disease, tuberculosis, diabetes, kidney disease, liver and spleen disease) at any age:* *yes* *no* *unknown*

a) *Which illnesses:*

b) *At what age:*

c) *Long-term drug treatment:* *yes* *no* *unknown*

d) *Which drugs:*

5. *Prostheses: (artificial joint, glass eyes, hearing aid):*

6. *Implants: (pacemaker, platelets):*

7. *Does the family of the person have any medical documentation on the person sought (X-rays, dental records, history of illness...) **Enclose with questionnaire***

8. *List the first and last names of the doctors attending the person with their addresses, name of healthcare institution and telephone number:*

D) Dental information (to be completed by family and relatives)

1. *List all the first and last names of dentists of the person with their addresses, name of healthcare institution and telephone number:*

2. *Existence of dental records:* *yes* *no* *unknown*

12. Dental records (right and left side correspond to the side of the person in question)

11			21
12			22
13			23
14			24
15			25
16			26
17			27
18			28

UPPER
/diagram of upper teeth/
LINGUAL
/diagram of lower teeth/
LOWER

RIGHT LEFT

48			38
47			37
46			36
45			35
44			34
43			33
42			32
41			31

- | | | |
|---------------------------------|---------------------------|---|
| 1 – tooth and root missing | 7 – part of tooth missing | 13 – angle tooth |
| 2 – tooth missing, root present | 8 – bridge | 14 – tooth different colour from others |
| 3 – caries | 9 – partial denture | 15 – /?crowded/ tooth |
| 4 – white filling | 10 – full denture | 16 – colour of part of tooth changed |
| 5 – silver filling | 11 – post crown | 17 – root canal work |
| 6 – gold filling | 12 – crown | |

E) Details of wounding

1. Was the person sought wounded at the time of abduction / disappearance / capture:

yes no unknown

2. Date and location of wounding:

3. Cause of wounding: bullet; shell; pressure-activated mine; heavy artillery; accident; other

4. Location of wound:

V PERSONAL DETAILS OF REQUESTING PARTY

1. <i>JMBG</i>	
2. <i>First name</i>	
3. <i>Father's name</i>	
4. <i>Last name</i>	
5. <i>Address of requesting party:</i>	
<i>Street and house number</i>	<i>Place</i>
<i>Municipality-town</i>	<i>County</i>
<i>UNPA zone (sector)</i>	<i>Tel/Fax</i>
6. <i>Citizenship</i>	
7. <i>Nationality</i>	
8. <i>Religion</i>	
9. <i>Relationship to person sought</i>	

Date completed _____

Signature of person submitting tracing request _____

Attachment 8.a.

**Sample United Nations questionnaire for
missing persons**

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II DATE OF DISAPPEARANCE

11. YEAR, MONTH, DAY AND HOUR WHEN MISSING PERSON WAS ARRESTED OR ABDUCTED:

12. YEAR, MONTH, DAY AND TIME WHEN MISSING PERSON WAS LAST SEEN:

13. OTHER INDICATIONS RELATING TO DATE OF DISAPPEARANCE:

III PLACE OF DISAPPEARANCE

(please indicate as precisely as possible the country, county/area, city, location etc. and if identical with home address)

14. PLACE WHERE MISSING PERSON WAS ARRESTED OR ABDUCTED:

15. PLACE WHERE MISSING PERSON WAS LAST SEEN:

16. IF SUBSEQUENT TO THE DISAPPEARANCE OF THE PERSON INFORMATION WAS RECEIVED ABOUT HIM/HER BEING DETAINED, PLEASE INDICATE IF POSSIBLE THE PLACES (OFFICIAL OR OTHERS) AND PERIOD OF DETENTION, AS WELL AS THE SOURCE OF THE INFORMATION, AND WITNESSES WHO HAVE SEEN THE MISSING PERSON IN CAPTIVITY. Do you wish the identity of the witnesses or sources to be kept confidential? (circle) YES NO

17. OTHER INDICATORS CONCERNING THE PLACE OF DISAPPEARANCE:

IV. FORCES BELIEVED TO BE RESPONSIBLE FOR THE DISAPPEARANCE

18. IF THE PERSON WAS ARRESTED OR ABDUCTED, PLEASE INDICATE WHO CARRIED OUT THE ARREST: MILITARY, POLICE, PERSONS IN UNIFORM OR CIVILIAN CLOTHES, AGENTS OF SECURITY SERVICES, UNIDENTIFIED; WERE THESE AGENTS IDENTIFIED THEMSELVES (with credential, orally etc.); WHETHER THEY WERE ARMED; WHETHER THEY APPEARED TO ACT WITH IMPUNITY; WHETHER A VEHICLE WAS USED (official, with or without license plates, etc.):

23. IF SOMEONE WAS QUESTIONED CONCERNING THE MISSING PERSON BY AGENTS OF THE SECURITY SERVICES, OFFICIAL AUTHORITIES OR OTHER PERSONS RELATED TO THEM, BEFORE OR AFTER THE ARREST (OR DISAPPEARANCE), PLEASE INDICATE AND PROVIDE AVAILABLE INFORMATION CONCERNING THE QUESTIONING:

V NATIONAL ACTION (LEGAL OR OTHER) TAKEN ON BEHALF OF THE MISSING PERSON

A ADMINISTRATIVE ACTION TAKEN DURING THE SEARCH FOR THE MISSING PERSON (HABEAS CORPUS, AMPARO OR SIMILAR)

24. NATURE OF THE ACTION:

25. DATE:

26. TRIBUNAL:

27. RESULT (date and nature):

28. IF A JUDICIAL DECISION EXISTS PLEASE INDICATE ITS CONTENTS:

B CRIMINAL COMPLAINTS

29. NATURE OF THE ACTION:

30. DATE:

6.

31. TRIBUNAL:

32. RESULT (date and nature):

33. IF A JUDICIAL DECISION EXISTS PLEASE INDICATE ITS CONTENTS:

C OTHER MEASURES TAKEN

(letters, petitions, etc. or other steps taken before the civilian or military authorities):

VI MEASURES TAKEN ON BEHALF OF THE MISSING PERSON AT THE INTERNATIONAL LEVEL

34. ORGANISATIONS ADDRESSED:

35. DATE:

36. RESULT (date and kind):

VII RELATED CASES OF ARREST OR DISAPPEARANCE, IN PARTICULAR MISSING RELATIVES OR CHILDREN

37. PLEASE GIVE A NARRATIVE ACCOUNT, INDICATING RELEVANT NAMES, DATES AND PLACES:

38. IF THE MISSING PERSON WAS PREGNANT AT THE TIME OF DISAPPEARANCE, PLEASE INDICATE THE DATE ON WHICH HER BABY MIGHT HAVE BEEN BORN:

VIII INFORMATION CONCERNING THE AUTHOR OF THE PRESENT REPORT

39. SURNAME:

40. FIRST NAME:

41. NATIONALITY:

42. RELATIONSHIP WITH THE MISSING PERSON:

43. PRESENT ADDRESS:

TELEPHONE:

IX CONFIDENTIALITY

44. PLEASE INDICATE WHETHER THE AUTHOR OF THE PRESENT REPORT WISHES HIS/HER IDENTITY TO BE KEPT CONFIDENTIAL (circle)

YES NO

NOTE: IF ANY INFORMATION CONTAINED IN THE PRESENT REPORT SHOULD BE KEPT CONFIDENTIAL, PLEASE PRINT THE WORD "CONFIDENTIAL" BESIDE THE RELEVANT ENTRY

X DATE:

SIGNATURE OF THE AUTHOR:

/Stamp: Association of Families of Prisoners and Missing /illegible words/, Zagreb/

Attachment 14.a.
Organogram of those taking part in exhumations

/Handwritten: ATTACHMENT 14.a./

GOVERNMENT OF THE REPUBLIC OF CROATIA
Office for Detained and Missing Persons

- Collects and collates information about mass grave sites
- Organises and coordinates exhumation
- Establishes preliminary identification
- Arranges identification
- Keeps records of exhumations and identification
- Collects complete documentation on exhumations and identification

INTERNATIONAL ORGANISATIONS
 (PMEZ /European Community Monitoring Mission/, ICTY, OSCE, ICMP
 /International Commission for Missing

- Expert observation

MUP
 /Ministry of the Interior/

- Collects information about sites where remains are found - mass graves and individual locations
- Marks and prepares the designated site for exhumation
- Examines the site for explosives
- Provides eye-witness records with photographic and video material

MO RH
 /Ministry of Defence of the Republic of Croatia/

- Exhumes and manipulates remains
- Marks the exhumed remains
- Transports the exhumed remains to the institution for identification
- Transports the remains to the burial site
- Deposits unidentified remains in designated places

MINISTRY OF HEALTH

- Ensures the presence of forensics or pathology specialist
- Carries out forensic procedure for identification
- Sends a copy of identification record to the Office for Detained and Missing Persons

MINISTRY OF JUSTICE

- Provides an investigative judge to carry out investigation
- Sends a copy of exhumation order and exhumation report to the Office for Detained and Missing Persons.

MINISTRY OF CROATIAN HOMELAND WAR VETERANS

- On the instructions of the Commission, invites families of veterans to identify remains
- Following forensic identification, takes details of the place and time of funeral
- Informs MO RH of transport of the remains
- Organises the burial of identified victims.

CROATIAN RED CROSS

- On the instructions of the Commission, invites families of civilians to identify remains
- On the instructions of the Office, does other work in connection with tracing.

Government of the Republic of Croatia

Office for Detained and Missing Persons